

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10764510**
APPLICANT(S)

FILING DATE **01-27-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2	1		1				52								
3		2		2			53								
4		2		2			54								
5		2		2			55								
6		2		2			56								
7		2		2			57								
8		2		2			58								
9		1		1			59								
10		1		1			60								
11		1		1			61								
12		1		1			62								
13		1		1			63								
14		1		1			64								
15	1		1				65								
16	1		1				66								
17		2		2			67								
18		2		2			68								
19		2		2			69								
20		2		2			70								
21		2		2			71								
22		2		2			72								
23		2		2			73								
24		2		2			74								
25		1		1			75								
26		1		1			76								
27		2		2			77								
28		2		2			78								
29				1			79								
30				1			80								
31				1			81								
32				1			82								
33				1			83								
34				1			84								
35				1			85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4		4				TOTAL IND.								
TOTAL DEP.	40		47				TOTAL DEP.								
TOTAL CLAIMS	44		51				TOTAL CLAIMS								